

**.CLAIMS ONLY.**

Application Number

Application Number  
10 517 699  
Applicant(s)

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	1					
Total Depend	19					
Total Claims	20					